



**Los Angeles County
Workforce Innovation And Opportunity Act (WIOA)
Regional & Local Plan Modifications
Public Comment Form**



NAME OF ORGANIZATION: _____

NAME: _____

TITLE: _____

EMAIL: _____ **PHONE:** _____

What group do you represent? (Select all that apply)

- WDB Member
 America's Job Center of California (AJCC) Representative
 Business
 Community Member
 Community Based Org
 Education
 County Staff
 Labor
 Other : _____

 K-12

 Adult Ed

 Community College

Please choose only one: (You must submit a separate comment card if you wish to comment on an additional plan)

Los Angeles Basin Regional Plan Modifications

Los Angeles County Local Plan Modifications

Plan Section	COMMENT:
Section number reference:	

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Section number reference:	

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Section number reference:	

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